C16

EAST AFRICAN COMMUNITY **CUSTOMS**

APPLICATION FOR *INWARD/OUTWARD PROCESSING

Company Name	Date
Postal Address	*TIN/PIN
Telephone No	Country of* export/Import
*Fax Number & Email Address	Date of *Import/Export
Physical Location	
Goods description	H.S CODE
	Quantity of *Import/Export
	Value *Import/Export
DETAILS OF PROCESSING	
Applicant Signature……	*Approved/Not Approved Commissioner…… …… ……. …… Signature Date

***Delete whichever is inapplicable**